

Medical Facilities Licensing | Licensing Division P.O. Box 30205, Lansing, MI 48909 Telephone: 517- 284-8599 CRA-Applications@Michigan.gov

## **DISCLOSURE 1 – ENTITY INFORMATION**

Entity Name				Phone No.			
ENTITY STRUCTURE   Limited Liability Co   Privately Held Corpo   Publicly Held Corpo   Publicly Held Corpo   Publicly Held Corpo   ENTITY PRIOR NAMES   Provide any prior name used by	oration ration ration	□ T □ O	artnership Trust Other: Oplicable. Add addi		s if necess	ary.	
	Entity Prior Name			Date Use		Date Use Ceased	
ENTITY PRIOR ADDRES Provide any prior address used by		years, if	applicable. Add ad	ditional pag	ges if nece	ssary.	
Entity Prior Street A	ddress Ci	ty, State	, Zip Code	Date Use	Began	Date Use Ceased	
ENTITY OTHER BUSINE Provide any other business interest industry. Add additional pages i	ests of the main applicant entity	, regard	less of whether the	business is 1	related to t	he marijuana	
Name of Other Business Interest	Type of Business Entity (e., LLC, Corporation, Sole Proprietor, etc.)		Type of Business Co	onducted	Exten	t of Involvement	

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